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BIBDATASHEET**CONFIRMATION NO. 4438**

Bib Data Sheet

SERIAL NUMBER 10/082,017	FILING DATE 02/25/2002 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. G-4
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APPLICANTS

Scott A. Ciarrocca, Stockton, NJ;

Francois Antounian, San Francisco, CA;

Jean Woloszko, Mountain View, CA; Robert H. Dahla, Sunnyvale, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/326,664 10/02/2001
 and is a CIP of 09/780,745 02/09/2001 PAT 6,770,071
~~which claims benefit of 60/182,751 02/16/2000~~
 and is a CIP of 09/162,117 09/28/1998 PAT 6,117,109
 which is a CIP of 08/977,845 11/25/1997 PAT 6,210,402
 which is a CIP of 08/562,332 11/22/1995 PAT 6,024,733
 and is a CIP of 09/041,934 03/13/1998 PAT 6,391,025
 which is a CIP of 08/485,219 06/07/1995 PAT 5,697,281
 This application 10/082,017
 claims benefit of 60/299,094 06/18/2001
 and ~~claims benefit of 60/062,996 10/23/1997~~

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/09/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 63	TOTAL CLAIMS 124	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

021394
 ARTHROCARE CORPORATION
 680 VAQUEROS AVENUE
 SUNNYVALE , CA
 94085-3523

TITLE

Electrosurgical apparatus and methods for cutting tissue

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
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3032	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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